UNITED STA	TES DISTRICT COURT
Southern District of Ohio	District of Western Division
ill Giles, on behalf of herself and a class of per	SUMMONS IN A CIVIL CASE
V.	
ames Frey, et al	CASE NUMBER: 1:06 C V 058
	PARE J.
TO: (Name and address of Defendant)	
Random House, VG Inc. Agent for service of Process: Katherin J. Trager 1745 Broadway New York, New York 10019	
YOU ARE HEREBY SUMMONED and rec	quired to serve on PLAINTIFF'S ATTORNEY (name and address)
Colleen M. Hegge 2900 Chemed Center 255 East Fifth Street Cincinnati, Ohio 45202	ALL CONTRACTOR AND MANAGEMENT AND
u dan	-
an answer to the complaint which is served on you we of this summons on you, exclusive of the day of serve for the relief demanded in the complaint. Any answer of this Court within a reasonable period of time after	rice. If you fail to do so, judgment by default will be taken against y r that you serve on the parties to this action must be filed with the Cle

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

AO 440 (Rev. 8/01) Summons in a Civil Action	
<b>.</b>	RETURN OF SERVICE
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE February 7, 2006
NAME OF SERVER <i>(PRINT)</i> Jeffrey P. Harris	TITLE Attorney
Check one box below to indicate appropriate meth	od of service
Served personally upon the defendant. Place	where served:
discretion then residing therein.	g house or usual place of abode with a person of suitable age and
Name of person with whom the summons and	d complaint were left:
Returned unexecuted:	
26 C M. ( OP ) /	Receipt #7003 1680 0001 1294 1249
(copy attached	
	CONTENT OF CENTICE PEEC
LOTON HODGE	TEMENT OF SERVICE FEES TOTAL
D	ECLARATION OF SERVER
contained in the Return of Service and Statemer  Executed on February 17, 2006  Date	er the laws of the United States of America that the foregoing information at of Service Fees is true and correct.  Signature of Server  255 East Fifth Street, Ste. 2900 Cincinnati, Ohio 45202  Address of Server
,	

U.S. Postal Service™  CERTIFIED MAIL™ RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com.
OFFICINE USE
Postage Postage
FFB 073 ZUUb Postmark
Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.08
∏   SemTo
- Kandom House Go Katherine Mager
Street, Apt. No.; or PO Box No. 1745 Broadway
City, State, ZIP+4
Nº, Nº 10019
PS Form 3800, June 2002. See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete  Item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A Signature  A Agent  Addressee  B Flootived by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:
CAN V Wante T Tance	
RAMBOM HOUSE VG INC. 90 KATHERNE J. TRAGER 1745 BROADWAY	e de la Companya de l
NEW YORK NY 10019	3. Service Type     Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
1	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Artik	THE RESERVE TO SERVE THE PROPERTY OF THE PROPE
PS For	102595-01-M-2509
	*
UNITED STATES POSTAL SERVICE	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
Sender: Please print your name, a	address, and ZIP+4 in this box •
Statman, Harris, Sieg 2900 Chemed 255 East Fift Cincinnati, Oh	d Center h Street
THEGGE Whilehald Hambille	Hadhalladah /